

## Friends of Lake Kegonsa

☐ I/We want to contribute to the park. Enclosed is a donation of \$\_\_\_\_\_.

☐ I/We want to join the Friends of Lake Kegonsa.

☐ Individual Membership \$10/year (one vote) \$\_\_\_\_\_.

☐ Family Membership \$15/year (two votes) \$\_\_\_\_\_.

Total enclosed: \$\_\_\_\_\_.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone : (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

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*Please mail this form with your check.*

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**Lake Kegonsa State Park  
2405 Door Creek Road  
Stoughton, WI 53589**